**Grandview R-2 Professional Development Registration Request**

**Form B: Expense Request**

**2020 - 2021**

* Fill out all information requested
* Attach a copy of Mapquest Mileage (starting location-your house)
* Attach a copy of all receipts
* Submit completed form to any PDC member before the first Wednesday of the month in which you expect payment/approval

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Date: \_\_\_\_\_\_\_\_\_\_\_

Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workshop PO: \_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Substitute**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses:**

Total Miles \_\_\_\_\_\_\_\_ x $0.56 = $ \_\_\_\_\_\_\_\_\_\_

Meals (following PDC guidelines): $ \_\_\_\_\_\_\_\_\_\_

**Copies of itemized receipts must be submitted before reimbursement check will be issued**

Lodging (if not covered in original PO): $ \_\_\_\_\_\_\_\_\_\_

**Copies of itemized receipts must be submitted before reimbursement check will be issued**

Total Cost: $ \_\_\_\_\_\_\_\_\_\_

Amount to be paid with PD Funds: $ \_\_\_\_\_\_\_\_\_\_

Make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Professional Development Committee Use Only\*\*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PDC Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_JC \_\_\_\_\_\_\_\_\_AG \_\_\_\_\_\_JH \_\_\_\_\_\_\_\_\_AS \_\_\_\_\_\_\_\_\_LW

Reason if not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Order Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further comments by PDC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_